

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO. 453-04-5193.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/25/03.

I. DISPUTE

Whether there should be additional reimbursement for impairment rating examinations conducted 11/8/02 and 4/4/03 denied by the carrier based upon "F" – per fee guideline.

II. RATIONALE

The impairment examination of 11/8/02 was requested by the Commission. According to the requestor, the requestor used the 4th addition of the AMA "Guides to the Evaluation of Permanent Impairment" in conducting the examination. A correction was requested by the carrier, who requested another rating be obtained using the proper 3rd edition.

Therefore, both of the disputed services were properly requested by either the Commission or the respondent. The reimbursement for these examinations is outlined in the Medical Fee Guideline, Evaluation/Management Ground Rules (XXIII)(A-D).

The 11/8/02 date of service is reimbursable under MFG, E/M GR, (XIII)(C)(3) at \$600.00 including the base rate of \$300.00 and examination of one body area for another \$300.00. This is the amount paid by the carrier per the Table of Disputed Services. Therefore, additional reimbursement is not recommended.

The 4/4/03 date of service was more than two years post injury and is therefore reimbursable under MFG, E/M GR, (XIII)(C)(3)(a) at \$700.00 including the base rate of \$400.00 and examination of one body area for another \$300.00. On this basis, reimbursement for the 4/4/03 date of service is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 99456-WP-L@ and 99456-WP-L1 in the amount of **\$700.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$700.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division